

Quick Reference Travel Guide

Please use this quick reference guide to assist you in filling out the travel that applies to your trip.

- Last Name & First Initial
- Home address, city, state, & zip code
- Purpose of travel
- Official station
 - The official station should be the employee's usual work location(i.e. The College at Brockport, home address)
- Destination (**MUST** Include County)
 - The county can be located at
http://www.naco.org/Template.cfm?Section=Data_and_Demographics&Template=/cffiles/counties/city_srch.cfm
- Departure Date and Time; Return Date and Time
- Lodging: Please see web pages for the lodging per diem rates at:
http://www.brockport.edu/pps/travel/diem_rates.html. Provide the number of days and how much per day.
 - If the traveler goes over the lodging per diem rate, a justification letter must be attached stating why the traveler did not use a hotel that offers the per diem (e.g. location of the conference, going rate at that time).
- Meals: Please see web pages for the breakdowns of the per diem rates at:
http://www.brockport.edu/pps/travel/diem_rates.html. Provide a breakdown of breakfast and dinner, and put the total amount in the amount column. Receipts are needed for meals if the traveler is not claiming the per diem rate
- If claiming mileage, a Statement of Auto Travel (Mileage Form) – AC160 is required. Please sign and attach to travel voucher. If you do not sign the statement, it will be returned to you.
- Attach all original receipt(s) (lodging, airline tickets, etc.)
- Incidentals (e.g. parking, tolls, taxi, baggage fees)
- Attach documentation of conference fees – Proof of payment by traveler.
- Attach a Copy of Program/Agenda of the conference showing the opening and closing times.
- List form of transportation: vehicle rentals, train, and airfare. Provide proof of payment by the traveler. Please state if pre-payment of airfare was claimed on another travel voucher.
- Traveler's signature
- Supervisor's signature
- Traveler requesting reimbursement must obtain the authorized signature of the account number if different than supervisor
- Account Number on Travel Voucher – (provide under cost center code)

If you have questions, please contact Lindsay Paul at x2338 or see the Procurement and Payment Services web pages at <http://www.brockport.edu/pps/travel/>. Thank you.

Originating Agency				Agency Code		Interest Eligible (Y/N) N								
Payment Date (MM) (DD) (YY) / /				OSC Use Only				Liability Date (MM) (DD) (YY) / /						
Payee ID			Additional		Zip Code		Route	Payee Amount						
								MIR Date (MM) (DD) (YY) / /						
Payee Name (Last)			FI	MI	Suffix		IRS Code		IRS Amount					
Address							Stat Type		Statistic		Indicator Dept		Ind Statewide	
Address							Ref/Inv Number (14 additional spaces) TRAVEL							
City			State		Zip		Ref/Inv Date (MM) (DD) (YY) / /							
Purpose of Travel							Official Station							
Destination (including county)							Residence							

1) Indicate All Travel Expenses - Use detail sheet if necessary	Totals	2) Summary	Amount
Lodging		A. Total Travel Expenses	
		B. Subtract Amount Billed Directly to Agency (Corporate Card)	
Transportation		Other Direct Bill to Agency (Specify)	
		C. Subtract Amount Paid With Travel Advance	
Meals		D. Other Adjustments (Specify)	
Mileage @ ¢ per mile			
Incidental Expenses (List)			
Total Travel Expenses - Enter in Section 2 Line		Total Amount To Be Reimbursed To Traveler	

Title _____ Date _____

[illegible]